

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 192 / 316

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)

National Emergency Medicine Political Action Committee

A.

Full Name (Last, First, Middle Initial)

Jennifer Resnick

Mailing Address 1029 Cardinal Ln

City

Cherry Hill

State

NJ

Zip Code

08003-2943

FEC ID number of contributing
federal political committee.

C

Name of Employer
Voorhees West Jersey Hosp

Occupation

Emergency Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	6	/	2	9	/	2	0	0	9

Transaction ID: C744371

Amount of Each Receipt this Period

1000.00

B.

Full Name (Last, First, Middle Initial)

Barbara Jane Jane Reynolds

Mailing Address 5009 Lexington Rd

City

Paris

State

KY

Zip Code

40361-9046

FEC ID number of contributing
federal political committee.

C

Name of Employer
Frankfort Regl Med Ctr

Occupation

Emergency Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	2	/	2	3	/	2	0	0	9

Transaction ID: C678445

Amount of Each Receipt this Period

500.00

C.

Full Name (Last, First, Middle Initial)

Cheryl S S Reynolds

Mailing Address 996 Oakpoint Cir

City

Apopka

State

FL

Zip Code

32712-3706

FEC ID number of contributing
federal political committee.

C

Name of Employer
FL Emer Phys

Occupation

Emergency Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	4	/	2	4	/	2	0	0	9

Transaction ID: C713819

Amount of Each Receipt this Period

1000.00

SUBTOTAL of Receipts This Page (optional)

2500.00

TOTAL This Period (last page this line number only)